

PLEASE READ REVERSE SIDE	Date/Time Filed with Registrar of Regulations:	Document Number:
Transmittal Sheet NOTICE OF INTENDED REGULATORY ACTION		R9__ - ____
		Date of Publication in Virginia Register:

DO NOT WRITE ABOVE THIS LINE

☞ Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the
 AGENCY NAME: Department of Health Professions, Board of Funeral Directors and Embalmers

✧ intends to consider
 PROMULGATING **AMENDING** **REPEALING**
 regulations entitled
 Title of Regulation: Regulations Governing Funeral Directors and Embalmers

☒ VR number: VR 320-01-2 Virginia Administrative Code cite: 18 VAC 65-20-10 et seq.

☒ The purpose of the proposed action is to (attach additional sheets, if necessary):
 To consider amending regulations to replace the Emergency Regulations on the registration of crematories pursuant to Chapter 867 of the 1998 Acts of the Assembly.

☒ Public hearing information required pursuant to 9-6.14:7.1 C of the Code of Virginia (check one):
 The agency intends to hold a public hearing on the proposed regulation after publication.
 The agency does not intend to hold a public hearing on the proposed regulation after publication.

☒ Statutory Authority: § 54.1-2400 and Chapter 28 of Title 54.1

☒ Public comments may be submitted until: _____ (Date)
 to: _____ (Name and address, if different from contact person below)

☒ For additional information contact:
 Name: Elizabeth Young Tisdale Title: Executive Director, Board of Funeral Directors & Embalmers
 Address: 6606 West Broad Street, 4th floor
Richmond, VA 23230-1717
 Telephone: (804) 662-9907
 _____ (Local) _____ (Toll Free)
 (804) 662-9943 _____
 _____ (FAX) _____ (Telecommunications Number for the Deaf)

INSTRUCTIONS

Notice of Intended Regulatory Action (Form RR01)

The Notice of Intended Regulatory Action (Form RR01) shall be completed when the agency intends to develop, amend or repeal regulations through the Administrative Process Act. This notice will be published in the Notices of Intended Regulatory Action section of *The Virginia Register of Regulations*.

A minimum of two copies of this form must be submitted. Submit three copies if a receipted copy is to be returned to the agency.

Document Number: Leave this block blank. The document number is a tracking number used only by the Registrar's office and will be assigned by the Registrar's office.

Date/Time Filed with Registrar of Regulations: Leave this block blank. This area will be date and time stamped at the Registrar's office upon receipt.

Date of Publication in the *Virginia Register*: Leave this block blank. The date of publication will be determined by the Registrar's office in accordance with the publication deadline schedule adopted by the Virginia Code Commission.

Block : Provide the full name of the regulatory agency.

Block : Check the type of action to be considered. Provide the full official title of the regulation.

Block : Include the Virginia Regulation (VR) number or insert the applicable citation to the Virginia Administrative Code.

Block : Describe the subject matter and intent of the regulatory action being considered.

Block : Check the appropriate block to indicate whether the agency intends or does not intend to hold a public hearing on the proposed regulation after its publication in *The Virginia Register of Regulations* (refer to § 9-6.14:7.1 C of the Administrative Process Act). This block applies only to public hearings held during the 60-day comment period that begins upon publication of the proposed regulation in *The Virginia Register of Regulations*.

Block : Provide the specific sections of the Code of Virginia or Acts of the General Assembly which authorize the agency to promulgate the regulation.

Block : Insert the last date the agency will receive comments on the intended regulatory action. This date must be at least 30 days after the date the notice is initially published in the *Virginia Register*. Provide the name and address of the individual to receive the comments only if different from the contact information requested in Block .

Block : Provide the name, address and phone number of the individual to be contacted for additional information.